

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10759140**
APPLICANT(S)

FILING DATE

12/11/00 6/12/00

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1		1	
2		1		1		1
3		2		2		2
4		3		3		3
5		4		4		4
6		5		5		5
7		6		6		6
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TOTAL IND.	1		1		1	
TOTAL DEP.	8		9		10	
TOTAL CLAIMS	9		10		11	

	IND	DEP	IND	DEP	IND	DEP
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